Effective October 1, 2000 09 85 179 1												
CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			41					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBE	R EXTRA		BASIC FEE	355.00	OR	Basic Fee	710.00
TOTAL CHARGEABLE CLAIMS			41 minus 20=		•	2]		X\$ 9=	•	OR	X\$18=	378
INDEPENDENT CLAIMS			24 minus 3 =		• /	21		X40=		OR	X80=	1680
MULTIPLE DEPENDENT CLAIM PRESENT						· @/		+135=		OR	+270=	270
· 11	the difference i	n column 1 is	less than ze	ro, ente	r "O" in co	olumn 2		TOTAL		OR	TOTAL	3038
CLAIMS AS AMENDED - PART II								SMALL I	NTITY	OR	OTHER SMALL	THAN
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								UIIIALL	ADDI-	1		ADDI-
-AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
DIME	Total	. 46	Minus	(11	- 5		X\$ 9=		OR	X\$18=	90
ME	Independent	. 26	Minus	***	24	· 2		X40=		OR	X80=	160
7	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM]	405		1	+270=	
								+135= TOTAL		OR	TOTAL	250
ADDIT. FEE OR ADDIT. FEE 250												
		(Column 1)			ımn 2)	(Column 3)	4			-		
478		CLAIMS REMAINING AFTER		NUI PREV	HEST MBER TOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENDMENT B	Total	• GD	Minus	4	FOR	- 15	1	25 X\$ 9=	766	OR	X318=	750
PE	Independent	· 25	Minus	"	26	= 0'	1	1846=	<u> </u>	OR	300	
₹	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	IT CLAIM]			┨ [┉]		
1	W							+135=		OR	+270=	***
0	11/05							ADDIT. FEE		OR	ADDIT. FE	
8	(Column 1) (Column 2) (Column 3)											
ပြ		CLAIMS REMAINING AFTER		PRE	MEST MBER /IOUSLY D FOR	PRESENT EXTRA		RATE:	ADDI- TIONAL FEE].	RATE	ADDI- TIONAL FEE
	Total	AMENDMENT	Minus		60	- /	7	X\$ 9=		OF	vaio	
AMENDMENT	Independent	. 25	Minus	•••	25	= /		X40=.	1	1	Yen-	1/2
	FIRST PRESE		-	1-+	-\OF	`	C. 344-1.					
Ī		**					•	+135=		QF		
"If the entry in column 1 is less than the entry in column 2, write "o" in column 3. "If the Propert Nulliber Proylously Paid For IN THIS SPACE is less than 20, unter "20." ADDIT, FEE "If the Proylously Nulliber Proylously Paid For IN THIS SPACE is less than 3 enter "3." ADDIT, FEE "If the Proylously Nulliber Proylously Paid For IN THIS SPACE is less than 3 enter "3."												
1	The Highest Nu	mber Previously I	ald For (Total	or Indepe	indent) is t	Je influezi unu	mer	iound in the a	ppropriate l	box in	column 1.	
1			 	<i>a.</i> :.		- Nation	٠,	الأنكفي لأسر ساس	J. Smile	20.30		

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Application or Docket Number